

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90020 009 ***550.00

0135977 AT

DOCUMENT # P35378

1. Entity Name
PANDA EXPRESS, INC.

Principal Place of Business 899 EL CENTRO ST SOUTH PASADENA CA 91030 US	Mailing Address 899 EL CENTRO ST SOUTH PASADENA CA 2A US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 95-4318504		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERNG, ANDREW			NAME			
STREET ADDRESS	2040 ASHBOURNE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	S PASADENA CA			CITY-ST-ZIP			
TITLE	PT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERNG, PEGGY			NAME			
STREET ADDRESS	2040 ASHBOURNE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	S PASADENA CA			CITY-ST-ZIP			
TITLE	VPFC	<input type="checkbox"/> Delete		TITLE	CHIEF FINANCIAL OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THEUER, JOHN F			NAME			
STREET ADDRESS	6208 W 77TH STREET			STREET ADDRESS			
CITY-ST-ZIP	LOS ANGELES CA 90045			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHENG, IRENE			NAME			
STREET ADDRESS	813 SUMMIT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	S. PASADENA CA			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKINSON, R. MICHAEL			NAME			
STREET ADDRESS	6351 TURNBERRY CIR			STREET ADDRESS			
CITY-ST-ZIP	HUNTINGTON BCH CA			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIU, STANLEY N.			NAME			
STREET ADDRESS	1022 S MARENGO AVE #2			STREET ADDRESS	1188 E. RUBIO STREET		
CITY-ST-ZIP	ALHAMBRA CA			CITY-ST-ZIP	ALHAMBRA, CA 91001		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **7-10-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)